PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05175

CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY	244 7744 4447	2. USUAL RESIDENCE (I		OUNTY_
CITY (If outside corporate limits, write RURA	MARYLAND L and 1 LENGTH OF STAY	CITY (If outside corner	ata Umita maita DUDA	L and give nearest town)
OR give nearest town) leavet	(in this place)	OR TOWN	vit	and Rive Bearest coart)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give loc	ation)
3. NAME OF (East)	(Middle)	(Last)	4. DATE (Mo	nth) (Day) (Yes
(Type or Print) Sutton	T.	Ball	OF DEATH	lay 27 190
male 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH aug 31 1866	9. AGE last birthday	If ander 1 year If under 24 Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired)	10b. KIND OF BUSINESS OR	11. BERTHPLACE (State of	or foreign country)	COUNTRY?
13. FATHER'S NAME D. Dawson Ball		14. MOTHER'S MAIDEN	NAME	
15. WAS DECRASED EVER IN U.S. ABMED FORCES?	16. SOCIAL SECURITY NO.	1 12. INFORMAND		
(Yes, no, or unknown) (If yes, give war or dates of service)		This Sutto	n T. Ball.	neand mo
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY I	EADING TO DEATH			INTERVAL BETWE ONSET AND DEA
Immediate cause (a)	Coronau	1 Chromb	asis	6 days
4201/ Antecedent cause(s)	. (
Diseases or conditions, if any, (b)	Leberttuew	cardes- no	cules due	are year +
giving rise to the abova cause	71			2.
stating the underlying cause last				
(c)				Name of the second
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 				
19s. DATE OF OPERATION 19b. MAJOR F				20. AUTOPSY?
				Yes No
21. ACCIDENT (Specify) PLAC	E (Home, farm, factory, street,	(CITY OR	rown) (Co	OUNTY) (STATE)
SUICIDE OF INJUI	office bidg., etc.) RY			
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
			26.51	
22. I hereby certify that I attended the	deceased from	, 19.7.9, to//wy	2.9, 19 / , that	I last saw the decease
alive on May 26, 195/, and SIGNATURE	that death occurred at!	6.300 m., from the	causes and on the	date stated above. DATE SIGNE
C. P. waite	ma	M. Mecha	ela Mel.	May 27,19
23. BURIAL, CREMATION DATE THEREO MEMOVAL (Specify)	1951 NAME OF CEMETE	entery,	Deunit City, town	or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S S	SIGNATURE	24 FUNERAL DIRECTO	ORC .	/ADDRESS,
Way 28/3, Mes Rel	ef. K. Deth	1 Kewnam	* Farrison	W. At michae
			9.11	1 ma



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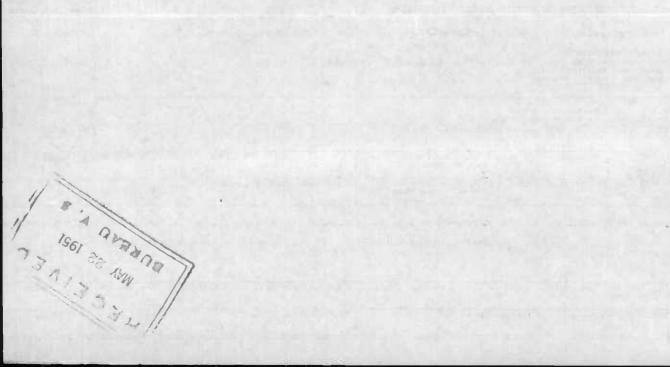
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

05176

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Tallat MARYLAND	STATE maryland COUNTY Talhot
OR give nearest town) Caston CITY (If outside corporate limits, write RURAL and OR give nearest town) Caston Caston	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Caston
HOSPITAL OR INSTITUTION OR STREET ADDRESS Caston memorial Hospital	STREET ADDRESS 124 Yoldshoep Street
3. NAME OF (First) (Middle) DECEASED (Type or Print) JEANETTE	(Last) 4. DATE (Month) (Day) (Year) OF DEATH MAY 7 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr
Female White WIDOWED DIVORCED, (Specify)	Oct 9, 1900 So yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Insurary	11. BIRTHULACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY H
18 PATHER'S NAME NO NO CONTROL S WELLS	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (I yes, give war or dates of	Min Hatale Bale
111-22-16 MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) to ended	Remontinge 5/1h
33 // Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	2+7
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗆
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from level	
alive on 19.5., and that death occurred at 5.	ADDRESS ADDRESS DATE SIGNED
M.V. Palmer M. D.	Carton, med 5/17/5/
REMOVAL (Specify) 5/9/5/ West La	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAL'S SIGNATURE REG. 9/5/	Paule Courses the Eastern
	200169



THE REPORT OF THE PERSON OF TH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

05177

1. PLACE OF DEATH COUNTY Tellow + - MARYLAND	2. USUAL RESIDENCE (HOME)	OF DECEASED.	#
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits	write RURAL and give n	learest town)
TOWN Laston. 4 days.	TOWN Huloch		
HOSPITAL OR INSTITUTION OR I	STREET (I	f rural, give location)	/
3. NAME OF First (Middle)	k/		
DECEASED 4	(Last) 4. DA OF DE		Day) (Year)
6. SEX 6. COLOR OR, RACE 7. SINGLE, MARRIED,		ATH May I I under 1 ye	7 1907, ear If under 24 brs.
Mate. 6. COLOR OR, RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Manied	Non 26.1888 6	yrs. Months D	ays Hours Min.
10a. USHAL OCCUPATION (Give kind of work 1 10b. Kind of Rusings or	11. MRTHPLACE (State or foreign		CITIZEN OF WHAT
Jone during most of working its, even if retired INDUSTRY 13. FATHER'S NAME	14 CONTRACTOR WATER	1 19	XH
Ma 9 1 200 13001	MOTHER'S MAIDEN NAME	at .	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. NFORMANT AND ADDRE	ss 1914	1)
(Yes, no, or unknown) (If yes, give wnr or dates of service)	Mytlasses	1200	tame/
18. MEDICAL CEI	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			NTERVAL BETWEEN
Immediate cause (a) Gercher Throne	breis Lyr Lewing.	her	ddag
3 3 7 Y	V	1000	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	neleco13		ogrs
stating the underlying cause last			
11. OTHER SIGNIFICANT CONDITIONS			-4
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		2	0. AUTOPSY?
			Yes 🗆 No 🕞
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?		
INJURY m. Work At work		9 5	
22. I hereby certify that I attended the deceased from 7/26	, 19 43, to 5/29 , 19	.3/, that I last saw	the deceased
alive on 5/21, 19.5/, and that death occurred at/	Low. A.m. from the causes	and on the date state	d above.
SIGNATURE: (Degree or title)	ADDRESS		DATE SIGNED
They & tunuer M.D.	Trestry Monglaces	5,	129/51
23. BUBIAL, CREMITION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATIO	N (City, town, or county)	(State)
DATE REC'D BY LOCAL RECHSTRAR'S SIGNATURE	24. EUNERAL DIKECTOR	1111	ADDRESS
5/30/57 11-74. /lerry	8:12 Millow	They	
	511	1. 10.00	000/00/

DECEIVED V. S. V. CARREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(15178 Reg. Dist. No. 270

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED-
/ ALDO/ MARYLAND	1/1a. /ALDOI
CITY (If outside corporate limits, write RUBAL and LENGTH OF STAY OR give nearest town) RAPFE (Leval) Length OF STAY OR TOWN	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RAPPE (Level)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) — (Type or Print)	BLACES 4. DATE (Month) (Day) (Year) DEATH Ay 12 195/
6. SEX MALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED, (Specify) Widower	8. DATE OF BIRTH 9. AGE last birthday IVunder 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give ldnd-of-work) done during most of working life, even it settred! INDUSTRY IN	
13. FATHER'S NAME JOHN BLADES	SARAh SAHERFIELD.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war of dates of learning)	HOLAND BLADES HURLOCK.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Valrular	heart deviase 445.
450,0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Sclerosin general) 154/03
120	
(c)	V
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	V
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	} 20. AUTOPSY?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	20. AUTOPSY? Yes No
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	Yes No No
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR! 19.51., to May 12 19.51., that I last saw the deceased
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that Lattended the deceased from May 2 alive on May 7, 1951, and that death occurred at SIGNATURE. SIGNATURE (Degree or title)	HOW DID INJURY OCCUR? 19.51., to May 12.19.51., that I last saw the deceased Address Date signed Mod 5/28/5
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that Lattended the deceased from At work 1 24. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) While at Not While INJURY 25. I hereby certify that Lattended the deceased from At work 1 26. ACCIDENT (Specify) 100 (Hour) INJURY OCCURRED While at Not While INJURY INJURY OCCURRED While at Not While INJURY OCCURRED WHILE INJ	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that Lattended the deceased from May 2 alive on May 7 1951., and that death occurred at SIGNATURE (Degree or title) 23. BURILL CREMATION DATE THEREOF NAME OF CEMETE:	HOW DID INJURY OCCUR? 19.51., to May 12.19.51., that I last saw the deceased Address Date signed May 5/28/2



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

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INK. Supply every item of information careful: please write the causes of death clearly and legibl RESERVED FOR BINDING

NARGIN UNFADING Physicians	Diseases nr conditions of the giving rise to the stating the underly
7 7 8	II. OTHER SIGNIFICAN Conditions contributing related to the disease or 19a. DATE OF OPERATI
LY, WITH	21. EXTERNAL CAUSE PRIMARY OR CONTECAUSE OF DEATH.
WRITE PLAINL is especiall	22. I certify that I took obtained by said Au from: natural cau
SE WRIT	SIGNATURE Aux. 23. BURIAL. CREMATIO REMOVAL Specty
PLEASE	DATE REC'D BY LOCAREG 5/17/57
	•

	iteg. Dist. 110	
1. PLACE OF DEATH COUNTY Talbot	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
MARYLAND		Civ.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	
Town give neares Eastoh (ln22 is militalut		id
HOSPITAL OR INSTITUTION OR Faston Mamonial	STREET (If rural, give location)	/
INSTITUTION OR Easton, Memorial		/_
3. NAME OF DECEASED My John Wesley Carlisle (Middle)	(Last) 4. DATE (Month) OF DEATH 5	16 51 ₁₉
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	year If under 24 hrs.
male white WIDOWED, DIVORCED,	2/4/1884 67 yrs. Months	Days Hours Min.
done-during most of working life, even if retired) 10h. Kind of Business or Industry farming		CITIZEN OF WHAT
13. FATHER'S NAME	MOTHER'S MAIDEN NAME	U.D.A.
Charles Carlillo	Mary 1/suovaru	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? To Social SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17 INFORMANT	1 4 11
nervice)	Verbul Moore & Dow! of	leu lou kg.
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1100	ONSET AND DEATE
Immediate cause (a) Coronary or	eluseas.	1 hope
Immediate cause (a)		
560 O Antecedent cause(s)	ratel harria	(mes.
giving rise to the shove cause	W) A Ve Proce	gas
122 a stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY OR CONTRIBUTING I OF office hidg., etc.) CAUSE OF DEATH.	oue_	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not while work at work		
23 I certify that I took sharps of the remains described above held an A	Manual Institution of Institute of the same	ib
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deced	niopry in the day stated above and death in my	ninion resulted
from: natural causes X, accident \(\subscript{\sinctript{\subscript{\subscript{\subscript{\subscript{\sinctript{\subscript{\subscript{\subscript{\subscript{\sinctript{\subscript{\sinctrip{\sinctript{\sinctript{\sinctript{\sinctript{\sinctript{\sinctri	undetermined []. /) AM	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Laria Weller M. O. M. Vole	West on held	5-16-1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Special)	RY OR CREMATORY LOCAPION (City, town, or count	y)(State)
REMOVAL (Specky) May 18,1951 Denty	n that	med
DATE BECOD BY LOCAL DECISION PO CONTRIBUTE	24 FUNERAL DIRECTOR	ADDRESS
REG 5/17/57 D.A. Nel 7114	Jugil moore de	worm nes
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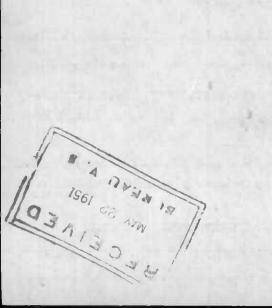
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05180

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	1-11
Juliot' MARYLAND	ma,	leshot.
CITY (If outside corporate limits, write RURAL and OR givo nearest town) COUNTY (If outside corporate limits, write RURAL and OR STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv OR TOWN	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS Lighten Memorial/tospile	ADDRESS 19. 1-18 # 4.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Bon here May	Commine DEATH Mail	1/ 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	year If under 24 hrs Days Hours Min.
-emale: While (Specify) Medicel	1 21 9 / 19 Jyrs.	
10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11./BIRTYIPLACE (State or foreign country) 12.	COUNTRY OF WHAT
FATHER'S NAMED A	14. MOTHER'S MAIDEN NAME	17 0 11
Mr Milland Wire	Warthym. Willen	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17 NFORMANT AND ADDRESS	
(1 es, ao, or agantowa) (1) yes, give war or dates or	Mr Malarin Carme	nl
V 18. MEDICAL CE	RTIFICATION	7
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	C	40
Immediate cause (a) Ser coma S	1 ann	-mon DL
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
I Sar coma Uf	wh	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from.	-1, 19.5/, to	aw the deceased
alive on 1/1, 19. 1/1, and that death occurred at	//.: 201.m., from the causes and on the date sta	ated above.
anth B. Co. Dan	En 500 2010 3	40 14
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 5 4 5	ERY OR CREMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FINERAL DIRECTOR	ADDRESS
REG. 57,2/511 / 1. Melrus	x / planing E. pleoring	ANG
		AMBRICANO.



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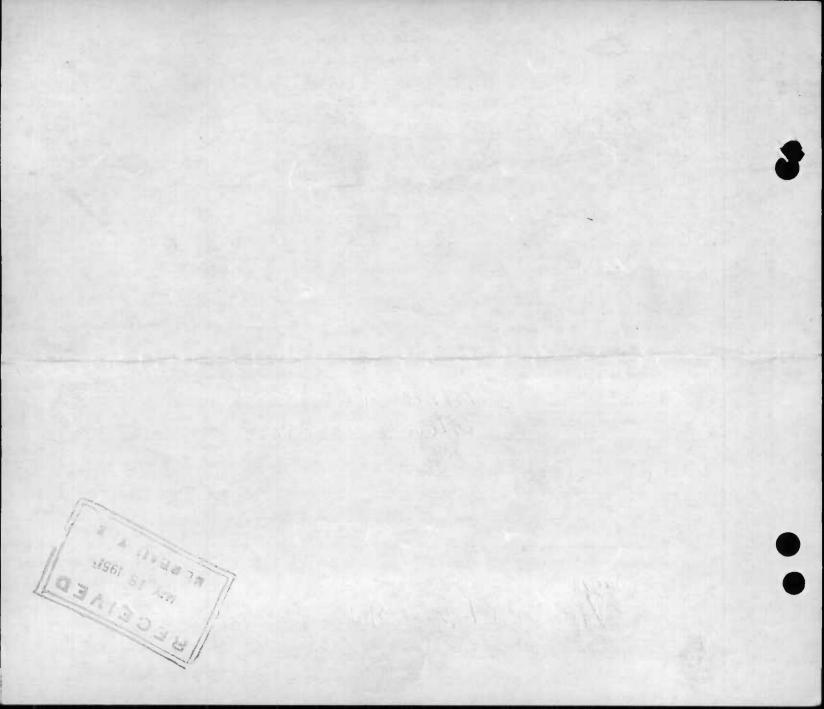
Item 9 on: 1 > 5 MAY 24 MASTLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

05181

	Reg. Dist. 110
I. PLACE OF DEATH MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside pornorate limits, write RURAL and OR give nearest fown) TOWN LENGTH OF STAY (in this place)	CITY (II outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS TROUBLE R. F.D.	STREET MULLONG CONTROL OF MAN
3. NAME OF DECEASED (First) (Type or Print) Sacc H Colour	(Last) / 4. DATE (Month) (Day) (Year) OF DEATH FORM 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED OF COLOR OF THE COLOR	8. DATE OF BIRTH 9. AGE last birthday bunder 1 year III under 24 hr Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. EATHER'S NAME	Earleston Md County
hetely Cohen	Dont Ruou
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give wer or dates of service)	Sacre Blooks
18. MEDICAL CE	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Symbol of a	ren chipmalous lle philos p mo 1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	lef & Eurolitis 1 3 Mrs
932 stating the underlying cause last (c) Unlervos C	borodosis 3-44x
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No} \(\text{No} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	6., 1946., to May, 1951, that I last saw the deceased
alive on 1901, and that death occurred at	ADDRESS DATE SIGNED
Gaynard 1. Trekt y.	D. Zaston, My
BREMOVAL (Specify) Margan 15 Jelah	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL RECISTRADO SIGNATURE REG. 5/15/5/	24. FUNERAL DIRECTOR ADDRESS LIVING H Barrele
	Cambridge 1/1



2411 N. Charles Street, Baltimore

#5182

CERTIFICATE OF DEATH

Reg. Dist. No. 290.

		0.10
1. PLACE OF DEATH COUNTY Caston	2. USUAL RESIDENCE (HOME) OF DECEASED-	. /
Talkal Co MARYLAND	anyland	Talvar
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR givo nearest town) Castou (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Eastern MA	e nearest town)
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Caston Memorial Hosp	ADDRESS	
3. NAME OF (First) (Middle) DECEASED (Type of Print) Mary Dolo	(Last) 4. DATE (Month) OF DEATH MAIL	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under 1	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	Mr. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		OUNTERS OF
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	17. INFORMANT AND ADDRESS	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND IDDRESS	
18. MEDICAL CI	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Que la Car	in sma of Colone	4 lus-
Immediate cause (a) full curry	en start of the st	2000
199/ Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause		40 40 50 50 00 00 00 miles an announcement on 1110 00 miles
552 stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	1 -118	0.
related to the disease or condition causing death.	og claras i farfu tim via	The
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		30. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(000111)	(SIAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	, 19 to 5-17 , 19 , that I last sa	w the deceased
alive on 5-27, 1951, and that death occurred at	ADDRESS ADDRESS	ited above.
A //	ADDRESS	DATE SIGNED
Mr. F. Buel last	Carton led 5.	77.51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETI REMOVAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or count	
1011110 15/3/17/ 18les	La FUNERAL DIRECTOR	ADORESS
DATE REC'D BY L'OCAL RAGISTRAR'S SIGNATURE .	The state Inch	W Sal
= 0/do/or 1/01/ / peouse	avery VI place	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



1.11

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(15183) Reg. Dist. No. 2. 9.0....

1. PLACE OF DEATH.	Santon	2. USUAL RESIDENCE (I	OME) OF DECEASED.	
COUNTY TOLLOOT Co	MARYLAND	STATE Md	CP	UNTY
CITY (If outside corporate limits, write RURAL			te limits, write RURAL a	nd give nearest town)
OR give nearest town)	(in this place)	TOWN	Puston.	
HOSPITAL OR		STREET	(If rural, give locati	on)
INSTITUTION OR STREET ADDRESS Capton Mes	norial Hospital	ADDRESS		
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month	(Day) (Year)
(Type or Print) M. George	Elmer	Sulin	OF DEATH	5 1957
5. SEX 6. COLOR OR RACE 7	SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday H	under I year If under 24 hrm.
$m \mid \omega \mid$	WIDOWED, DIVORCED, (Specify)	nm/, 1884	yrs. M	inths Days Hours Min.
	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	- L-L-L	1 12. CITIZEN 97 WHAT
done during most of working life, even if retired)	INDUSTRE LA SERIE	ma	(COUNTRY
13. FATHER'S NAME	1 -	14. MOTHER'S MAIDEN	NAME	. 1
Mr. Shomar Beur	is Miller	1 May 171	levi Lo	Td.
15. WAS DECEASED EVER IN U.S. ARMED ECOCES? (Yes, no, or unknown) (IRves, give war or dates of	16 SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	0.
(150 Ho, of Unknown) (Three Free War of Care o	peranson	1 mes // Se	su	/cue
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	rebras Vascu	One Annik	20.	110
Immediate cause (a) L	reoral vasce	as alax	Lal	1 day.
33/X Antecedent cause(s)	7rterioscler	~! O a'		1400
Diseases or conditions, If any, (b)	17-61 US CIEP	ves		. 7.0.
93d giving rise to the above cause stating the underlying cause last	7 - 1- 1	11.0 11 -	- 7 ./	11
(c) (c)	core longe	stive than	Tailore	1 day.
11. OTHER SIGNIFICANT CONDITIONS	01	·/ a · \	C 1 00	122.0
Conditions contributing to the death but not related to the disease or condition causing death.	Vulmouary T	1 profes and	Europely JEM	a 20915.
19a. DATE OF OPERATION 19b. MAJOR FI	NDINGS OF OPERATION		7 7	20. AUTOPSY?
				Yes No No
21. ACCIDENT (Specify) PLACE OF	Home, farm, factory, street, office hldg., etc.)	(CITY OR T	OWN) (COU	NTY) (STATE)
HOMICIDE INJUR	Y			
	NJURY OCCURRED While at Not While	HOW DID INJURY OCC	CUR?	
INJURY m.	Work At work			
on The heartfully that I attended the	danson 5/4	105/40 5/5	1051 About 1:	and some the Jacobs I
22. I hereby certify that I attended the	deceased from	20/A to	, 19.y, that 1 1	ast saw the deceased
alive on 5/5, 194, and	that death occurred at	m., from the	causes and on the da	te stated above.
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
Sheparokiech	yours.	Eas to	u	5/6/5/
23. BUBAL, OKEMATION DATE THEREOR RICALVAL (Specify)	NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, town, or	county) (State)
allerial 1/1	71 Spenie	g Theel	Gasla	ne
DATE REC'D BY LOCAL LEGISTRAR'S SI	GNATURE	24. FUNERAL DIRECTO	Mountain	ADDRESS
REG. 5/6/57/ N.A.	Merries!	Manue	yeur car	1000
				1/1/1/1/1/1/



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Tallet MARYLAND	STATE Maryland COLUMN
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nextest town). TOWN (in) this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Ella Jawell	Pairtant DEATH May 25. 1951
6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	SOATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Min.
done duraginost of working life, even if retired) 176. USUAL OCCUPATION (Give kind of work done duraginost of working life, even if retired) 176. USUAL OCCUPATION (Give kind of work done duraginost of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CODYTET'S A
A. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Tewell	Unice Combingham
18/ WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	W. NFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Tewell Fairfant of michaels mil
18. MEDICAL CE	RTUTICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) aortic uns	elliens hardusing raning
Immediate cause (a) acrite dela	Affrency producing 30 min.
Antecedent cause(s)	
Diseases or conditions, if any, (b)	fisiency with asternat least
92.a stating the underlying cause last	syrs.
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death hut not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 52
21. ACCIDENT (Specify) SUICIDE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	200 200 200 200 200 200 200 200 200 200
22. I hereby certify that I attended the deceased from Property	29 19 51, to May 25, 1957, that I last saw the deceased
alive on 12.1, 19.51, and that death occurred at	ADDRESS DATE SIGNED
SIGNATURE S. Denny Willson	Data Bigney
	M.D. May 26 1951.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	DW OD CDENIATION I LOCATION (CIA-
	enetery (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	The state of the s
	emetery of Michaels md.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05185

CERTIFICATE OF DEATH

COUNTY OR give nearest town) links, write RURAL and LENGTH OF STAY (In this place) OR give nearest town) OR gi	1. PLACE OF DEATH.	2. USUAL RESIDENCE	(HOME) OF DEC			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (If All place) ROSS TO CONTROL OR STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON ON STREET ADDRESS IN NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) ON ON ON OUTSIDE (If outside or outside limits, write RURAL and give nearest town) ON ON OUTSIDE (If outside or outside limits, write RURAL and give nearest town) ON OUTSIDE (If outside or outside limits, write RURAL and give nearest town) ON OUTSIDE (If outside or outside limits, write RURAL and give nearest town) ON OUTSIDE (If outside or outside limits, write RURAL and give nearest town) ON OUTSIDE (If outside or outsi	COUNTY Tallot. MARYLAND	STATE Mara	land.	COUNTY	- hart -	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF PRINCIPAL OR COLOR OF RACE WINDOWS (Middle) 3. NAME OF PRINCIPAL OR COLOR OF RACE WINDOWS (Middle) 4. DATE (Month) (Day) (Year) DEATH MOLES (Month) (Day) (Year) DEATH MOLES (Month) (Day) (Year) 10. USUAL OCCUPATION (Give kind of werk 100 metal of werk 100 met	OR give nearest town) LENGTH OF STAY (in this place)	OR 1		URAL and give	e nearest tow	n)
To sex 1 s. Color of Race 7. SINGLE, MARRIED. 8 DATE OF DEATH OF Secret 1. S	HOSPITAL OR INSTITUTION OR	STREET ADDRESS		ive location)		1
6. SEX 10. OLOR RACE 10. SINGLE, MARRIED 10. USUAL OCCUPATION (Give kind of work good) 10. USUAL OCCUPATION (Give kind of work good) 11. FARTHFLACE (State or foreign country) 12. Corrigon or What 13. FARTHER'S NAME 14. MOTHER'S MAIDEN 15. Was Decreased Enough U.S. Abbins Day 16. Social Security No. 17. INFORMANT AND RIVINGS 15. MEDICAL CERTIFICATION 16. Was Decreased Enough U.S. Abbins Promost 16. Social Security No. 17. INFORMANT AND RIVINGS 18. MEDICAL CERTIFICATION 19. DATE RACE (Specify) 19. DATE RACE (Days (Hour) INJURY OCCURRED While a live on Large Conditions of the face o	DECEASED	Cilbert	OF			
10s. USIDAL OCCUPATION (Give kind of work indeed work) 10s. FAREET'S NAME 11s. FAREET'S NAME 11s. FAREET'S NAME 11s. FAREET'S NAME 11s. Was Decraved Evenion U.S. Arned Founds in the County of t	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	SPATH OF BIRTH	111	Months		
15. WAS DECASED EVER ON U.S. ARED PORCES! 16. SOCIAL SECURITY NO. (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS DECASED EVER ON U.S. ARED PORCES! (Yes, no. or unknown) F. WAS	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life/even thretired) Usuarry	11. PIRTHPLACE (State	or foreign country)	12.		WHAT
Comparison Com			OMME OMMI	al C		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) (b) (c) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause isst (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the glesses or condition causing death. Indicate the glesses or conditions of the glesses of	(Yes, no, or unknown) (Wyes, give war or dates of	Matter AND	Delber	F-110	Ovus !	md/
Immediate cause (a) Antecedent cause(s) Disease or conditions, if any, (b) Disease or conditions, if any, (c) Disease or conditions or conditions or conditions, if any, (c) Disease or conditions or condi	18. MEDICAL CE	RTIFICATION				1
Antecedent cause (s) Diseases or conditions, if any, giving rise to the cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the gissess or condition causing death. The property of the contributing to the death but not related to the gissess or condition causing death. The property of the previous part of the property of the pro	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND	DEATH
stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. IPS. DATE OF OPERATION IPS. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes Now Noted to the disease or condition causing death. IPS. DATE OF OPERATION IPS. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF OPERATION) 22. INJURY (GUNTY) (STATE) OF TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not W	Immediate cause (a)		••*••••	***************************************	2	-ks
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No. 2 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not While at Work At work 1 ADDRESS 22. Hereby certify that I attended the deceased from 1 195. That I last saw the deceased alive on 195. And that death occurred at 195. And the causes and on the date stated above. SIGNATURE 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Address 1 195. Funeral Director Address 1 195. Funeral Director Address 1 195. Address 1 19	Kiving use to the above carrie	relation ly	perting	ly	3	-9,
related to the isease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SULCIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of At work 10 A	II. OTHER SIGNIFICANT CONDITIONS					
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21. AdCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) SUICIDE (HOMICIDE INJURY) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While Not While Work At work 1 At work 2. I hereby certify that I attended the deceased from 4					20. AUTO	PSY?
SUICIDE OF office hldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED How did injury occurs OF INJURY Month Not While at Not While Not Work Not Work Not While Not Work Not Work	4/18/2/ 1 3.1.14.				Yes 🗆	No
While at Work Not While 22. I hereby certify that I attended the deceased from Atwork 1951, to 1951, that I last saw the deceased alive on 1951, and that death occurred at 1951, and the causes and on the date stated above. SIGNATURE 22. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or counted REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PAGE OF CEMETERY OR CREMATORY LOCATION (City, town, or counted the causes and on the date stated above. SIGNATURE ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS	SUICIDE/ OF office hldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STAT	(E)
alive on	OF While at Not While	HOW DID INJURY OF	CCUR?			
SIGNATURE (Degree or title) ADDRESS DATE SIGNED 2. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) William DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PA. FUNERAL DIRECTOR ADDRESS REG. 5 9 7 5 PARTICIPATION PARTICIPATION ADDRESS PARTICIPATION	22. I hereby certify that I attended the deceased from 49	, 1957, to 572	19.57,	that I last sa	aw the dec	eased
DATE REC'D BY LOCAL REGISTRATES SIGNATURE REG. 5 9 7 5 1		ADDRESS from the	e causes and on	the date sta	ated above	GNED
DATE REC'D BY LOCAL REGISTRATES SIGNATURE REG. 5 9 7 5 1	Tot 2-D.	Easton	, 2			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5 9 7 5 1	(AREMOVAL (Specify)		LOCATION (City	, town, or count	7	uB
= 2/8/121 1/24. Herry Bears to a promound	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ea. FUNERAL DIRECT	OR VO		ADDRES	S
	= 5/8/1/51 / JA: Herry	Bours	40-m	but	<u>uu</u>	III-

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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v. Dist. No. 290

COUNTY	STATE COUNTY	(9 ()
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	man Raul.	dereen Game
OR give nearest town) write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
TOWN Capton 15da 3	TOWN Contervalle	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	/
STREET ADDRESS Memory House	22 214200	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	Queen DEATH May	31 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		I year If under 24 hr
male Black - WIDOWED, DIVORCED, (Specify)	May 4, 864 8 7 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	I we centresell, and	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Trees	Jelle Amall.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1
(Yes, no or unknown) (If yes, give war or dates of service)	Charles Good Ourse	1.1-
18. MEDICAL CE	RTIFICATION	111111111111111111111111111111111111111
	(Jane)	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) arlerio-	cleriai semuale of	Sword
450.0		
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause	***************************************	. *************************************
51% stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	277)
related to the disease or condition causing death.	at of Prostate	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
5/21/51/ Carcinoma	of prostate	Yes 🗆 No 😭
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY Mork At work		
	, , , ,	
22. I hereby certify that I attended the deceased from 5.7./	1957, to 57 3 1/1957 that I last a	aw the deceased
alive on Man 31, 19.51, and that death occurred at	.: 20. M. m., from the causes and on the date st	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
1) Cont man	Last mid 5	121/101
23. BORIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR GREMATORY LOCATION (City, town, or count	y) (State)
RCMOVAL (Specify)	P. O. D. t.	mo
DATE REC'D BY LOCAL MGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG.	Sarta Re Vaileros	Seco
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	8	0/05

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H.		2. USUAL RESIDENCE (H		Year VP
	lhot	MARYLAND	STATE Maryla		Talbot
	orporate limits, write RURA	L and LENGTH OF STAY (in this place)	CITY (If outside corpora	te limits, write RURAL and	give nearest town)
OR give nearest TOWN	Easton	13414	TOWN	Easton	
HOSPITAL OR INSTITUTION O	P 300 -		STREET	(If rural, give location)
STREET ADDRE	SS 107 E. Brook	klett Ave.	107 E	. Brooklett Ave	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Frank	Bernhardt	Gunther	DEATH MAY	9 1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If un-	der I year III under 24 hra
Male	White	WIDOWED, DIVORCED, (Specify) Married	Feb. 21, 1869	00 1770	the Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hardware	merchant	Retired	Rockport.	e Indianas	USE
13. FATHER'S NAM	ſE		14. MOTHER'S MAIDEN	NAME	1
Wi	lliam A. Gunth	er	Regina Mark	W/ MAKUN	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If yes, give war or dates of	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(1es, no, or unknown)	service)	^-	Frank Gunther.	Easton, Md.	
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		Samahara Warania.	A = - 1 3 . A.		T
331. X Immediat	e cause (a)	Cerebral Vascular	Accident	***************************************	Instant
Anteceder	nt cause(s)				
Diseases or	conditions, if any. (b)	Cerebral Arterios	clerosis		20 years
giving rise t	o the above cause underlying cause last				
		Right Hemiplegia	due to cerebral	hemorrhage	19 years
	CANT CONDITIONS				
	uting to the death hut not use or condition causing deat	h.			
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Yes No 🗗
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN) (COUN'	(STATE)
SUICIDE HOMICIDE	INJU	office bidg., etc.) JRY			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	UR?	
INJURY	m.	Work At work			
				40	
22. I hereby cert	ify that I attended the	e deceased from	, 19.55., to	, 19, that I las	t saw the deceased
alive on	19 an	d that death occurred at	10 p. m. from the	causes and on the date	stated above.
SIGNATURE		(Degree or title)	ADDRESS		DATE SIGNED
M.	1. 5 1 000	M.D.	Easton, Md.		5/9/51
Journal of the second	TATION DATE THEREO		RY OR CREMATORY L	OCATION (City town	, ,
23. BURIAL CREM REMOVAL (Spec	cify)				- 500 / W
DATE REC'D BY		1951 Silver dill	24. EVNERAL DIRECTO	Easton.	Md oc 70 (o 10
PFC 4			Colored	2/4/1/20	0
5/10/51	N. H.	Nevius	Lomes.	VILLIAMS	capital 1
		6	John D. William	ms, Easton, Md.	ruld.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05188

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME STATE	OF DECEASED.	Augus H.
CITY (If outside corporate limits, write RURAL and CRTH OF STAY (If outside corporate limits, write RURAL and CRTH OF STAY (In this place)	CITY (If outside corporate lim	its, write RURAL and giv	re nearest town)
TOWN Caston Ile his	TOWN (Int)	ruelle	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Caston Memorial Assail	STREET ADDRESS	(If rural, give location)	
3. NAME OF (First) (Middle)		ATE (Month)	(Day) (Year)
(Type or Print) HOWARD PAYNE	INGLES	DEATH May	29 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		E last birtbday If ut er Months	
done during most of working lift, even if setired) Industry	11. BINTHPLACE (State or Sein	country 12	COUNTRY!
13 PATHER'S NAME	MOTHER'S MAIDEN NAM	E	
16. WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO.	M. INFORMANT AND ADDI	a sugn	an
(Yes, no, or unknown) (If yes, give war or dates of service)	Has Man	a Nudle	
I8. MEDICAL CE	RTIFICATION	Que a Din	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	U	o manage in	ONSET AND DEATH
Immediate cause (a)Subar	relimid He	murlage	5/28/51
330X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	eluoringe	melyd	7
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
5-128 V-1 Spinal tal showed	Bloode she	al Elmid	Yes T No W
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	CITY OR TOWN	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?		
INJURY m. Work At work			
22. I hereby certify that I attended the deceased from	/, 19 57, to 57/29/,	195	aw the deceased
alive on	ADDRESS from the cause	es and on the date st	ated above. DATE SIGNED
12 Cot Day A	Easton 2	1	731/1-1
23. BURIAL, GREMATION DATE THEREOF MAME OF CEMETE CMOVAL (Specify) 5/31/5/ Chester	ical Ca	TON (City, town, or count	ay lang
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5730/57	24. FUNERAL DIRECTOR	Centroll	ADDRESS
			A A

BUREAU V. S.

CERTIFICATE OF DEATH

05189

Reg. Dist. No. 290

FOR MEDICAL	L EAAWINERS Reg. Dist. No	240
I. PLACE OF DEATH. COUNTY Talbet MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT:	(albe)
OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and OR give nearest town) OR write RURAL and (in this piage) TOWN	CITY (If outside corposate limits, write RURAL and give OR TOWN	/e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.	STREET ADDRESS Vines + (If reval, give location)	
3. NAME OF DECEASED (First) VIOLA ENZAGETH	Jockson 4. Date (Month) OF DEATH	(Day) (Year) 8 1957
5. SEX COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, OPFORCED, (Specify)	SDATE OF BIRTH 9. AGE iast hirthday If under Months 2 yrs.	I year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) INDUSTRY		COUNTRY?
13 FATHER'S NAME	MOTHER'S MAIDEN NAME	
15. Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, 10, or unknown) (If yes, give war or dates of service)	Ma lel M. Baher. E	arton hid
18. MEDICAL CE	ERTIFICATION	Lymnus Barrens
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1/ 11	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Signatured S	Kull	1/2hv.
9/0 Antecedent cause(s) Struck by fa	lling basketball bylon	- 48 00 00 00 0000 0000 0000 0000 0000 0
1950 giving rise to the above cause etating the underlying cause last	,	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No
PRIMARY FOR CONTRIBUTING OF Office bldg., etc.)	raston Tal.	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy , Inspection K, Inquiry thereon and	from the evidence
from: natural causes , accident , suicide , homicide ,	undetermined [].	DATE SIGNED
Lawis Math mo Dyns	Easton held	5-8-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 5/10/51	CRY OR CREMATORY LOCATION (City, town, or coun	ty) S(State)
DATE RECYD BY LOCAL REGISTRAR'S SIGNATURE	24: FUNERAL DIRECTOR	ADDRESS
17/5/ 1/14, //eness	1/1.6. Pleuram rem	mon me

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15A



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(15191) eg. Dist. No. 290

1. PLACE OF DEATH- COUNTY TALL OF MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUN	TALbot
CITY (If outside corporate limits, write RURAL and OR give nearest town) EASTOW (In this place)	CITY (If outside corporate limits, write RURAL and OR TOWN 4570 N	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 605 MOVER 190Ad	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print)	hast) 4. DATE (Month) OF DEATH NAY	(Day) (Year)
FEMALE CLORED. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. QO W.	8. DATE OF BIRTH 9. AGE last birthday if und	ler 1 year Il under 24 hrs
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retified) INDUSTRY OWN HOME	11. BITTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME WESLEY WARNER	14. MOTHERS MAIDEN NAME NO RECORD	174
15. WAS DECRASED EVER IN U.S. ARMED/FORCES? (Yes, no, or unknown) (If yes, give wift or dates of service) No WE	MRS. FLORENCE Sherwood	EASTON M
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	44.	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Scrift ?	Myocarolles	6.m
150, OAntecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Jolansis	2 Heur
93a stating the undorlying cause last (c) Icute Das	reuchismatous	4-3 321
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 194,C., to 5./6, 195/., that I last	saw the deceased
alive on 5	Appress, from the causes and on the date	stated above. DATE SIGNED
gaymat. Mr	H.M.D. Zaston,	hid.
REMODING (Specify) 5/9/51 NEW CH	PAPE LOCATION (City, town, or con	Mck. (KB.
REG. 5 7 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M. E. NEWNAM + SON	ADDRESS
	Easton, Nd.	



2411 N. Charles Street, Baltimore

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legiper.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

05191

1. PLACE OF DEATH.	2. USUAL RESIDENCY (HOME) OF DECEASED CASED	E.
COUNTY Jallot MARYLAND	CHATE STORY ALL COUNTY LET	1/
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and ItemSTH OF STAY (in this place)	CITY (If challe corporal limits, yet a URAL and give hearest to OR TOWN (MALE TAX)	wn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memouel Hospital	STREET ADDRESS (Up. A. C. L. G.	/
3. NAME OF (First) Viola (Middle) DECEASED (Type or Print) Warquel Vanfact Janes	(Last) 4. DATE (Month) (Day) OF DEATH May 5	(Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If inder 1 year If ur Months Days Hot	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHIPLACE (State on foreign fountry) Mem. Hoch Cuclus Md 12. CITIZEN COUNTRY?	P WHAT
13. FATHER'S NAME John Elmer Jones	14. MOTHER'S MANDEN NAME Lucelle Harviet Bennett	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mother - Diagraphile Md.	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL ONSET AN	
Purity 5	. Q Q Q. L	
760 Immediate cause (a) Ikasuattu	A CONTRACTOR STATE OF	
Antecedent cause(s)	and Break.	
1600 Diseases or conditions, if any, (b) 11000 giving rise to the above cause		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTC	PSY?
	Yes 🗆	No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,		
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 5-4	195/ to 5-5 195/ that I lost saw the de	
alive on May 5, 19.51, and that death occurred at		
SIGNATURE: (Degree or title)	ADDRESS DATE S	IGNED
John I Bayouts MD &	114 Hover St Earlow NV 5-6	-51
23. SUBIAL, CREMATION DATE THEREOF NAME OF CEMETE		State)
DATE REC'D BY LOCAL REGISTAR'S SIGNATURE REG. 5/5/5/	Barton Ser Contractle Me	e
2050/41/224261		

REGETVE MAY 1951 BUREAU V. S.

PLEASE

The correct age

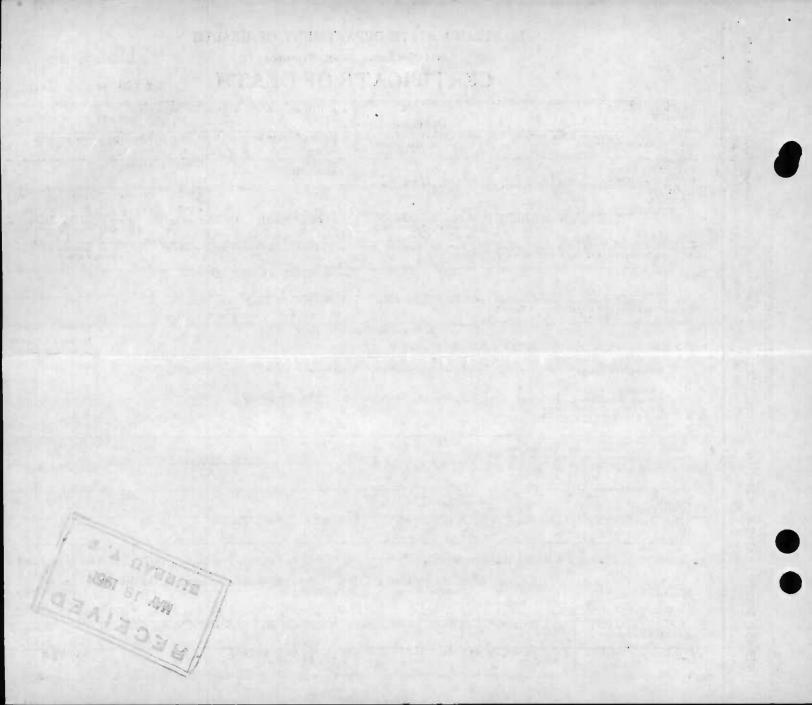
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05192

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HØME) OF DECEASED.
COUNTY Tolbo+ MARYLAND	STATE OF VUIN COUNTY TOUTE
OR give nearest town) (in this place)	OR CITY (If outside orporate limits, write RURAL and give nearest town)
TOWN Faston 29 hrs.	TOWN Water Treslow 1/
HOSPITAL OR INSTITUTION OR STREET ADDRESS F 93700 Memorial Hoop.tal	STREET (If rural/give location)
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yes
(Type or Print) Unn Manie Ku	yawa DEATH May 8 19.
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Day 1, 1951 9. AGE last birthday If under I year Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY	11. BINTHPLACE (State or toreign country) 12. CITIZEN OF WE
un ne	Hem. Hoch Cashen That 111. H
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Kujawa	Hona maic Williamson
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
service)	mother - i'reston, md.
18. MEDICAL CE	INTERVAL BETWI
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
774X Antecedent cause (a) Pesperatory Diseases or conditions, if any, (b) Pre mature	Failure
774X Antecedent cause(s)	T. (1#60)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	Yes No
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT	(CITY OR TOWN) (COUNTY) (STATE)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF OFF OFF OFF OFF OFF OFF OFF OFF OFF	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.51, to 17.04, 8, 19.51, that I last saw the decease
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.51, to 17.04, 8, 19.51, that I last saw the decease
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work 22. I hereby certify that I attended the deceased from alive on May 19.5, and that death occurred at SIGNATURE SIGNATURE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street, office bidg., etc.) INJURY While at Not While Work At work 22. I hereby certify that I attended the deceased from 19.5, and that death occurred at (Degree or title)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.51, to May 8, 19.51, that I last saw the decease 4.22 A.m., from the causes and on the date stated above. ADDRESS DATE SIGNE 14 Dove St Easton Md E/11/5
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from At work 24. ACCIDENT (Specify) 19.1 19.2 19.3 19.4 19.5 19	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.51, to YMAA, B, 19.51, that I last saw the decease ADDRESS DATE SIGNE ADDRESS AU Dover St Easten Md E/11/5 RY OR CREMATORY LOCATION (City, town, or county) (State)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 22. I hereby certify that I attended the deceased from At work alive on May 19.5., and that death occurred at (Degree or title) 24. BURIAL, CREMATION BATE THEREOF NAME OF CEMETE	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.51, to YMAA, B, 19.51, that I last saw the decease ADDRESS DATE SIGNE ADDRESS AU Dover St Easten Md E/11/5 RY OR CREMATORY LOCATION (City, town, or county) (State)



A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05193

CERTIFICATE OF DEATH

1. PLACE OF DEATH Salhat. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (if outside corporate timits, write RURAL and CR give nearest town) OR give nearest town TOWN CITY (if outside corporate timits, write RURAL and LENGTH OF STAY (in, this place)	CITY (If outside corporate Amits, write RURAL and give nearest town) OR TOWN EASTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS Larresia Street	STREET (If rural, give location) ADDRESS HARRISON STRREET
3. NAME OF (First) (Middle) (Middle) (Type or Print) WHLTER	(Last) 4. DATE (Month) (Day) (Year) OF DEATH MAY 5, 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Trained	8. DATE OF BIRTH 9. AGE last birthday If where I year Munths Days Hours Min.
done during most a porking life, even if retired INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4.5
13. FATHER'S NAME TO M. Lane	14. MOTHER'S MAIDEN NAME Canabel Espey.
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	Mex. Thatter R. Lane!
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary O	edución (second attack) 2 weeks
420 (Antecedent cause(s) Diseases or conditions, if any, (b) Lysterteuseste	Pardio Vascular divisie 5 yrs.
932 giving rise to the above cause stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes \(\) No \(\)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Not Work	HOW DID INJURY OCCUR?
22. I hereby certify that Lattended the deceased from May.	, 1949, to May, 19.51, that I last saw the deceased
alive on May 4. 19.5. , and that death occurred at	ADDRESS DATE SIGNED
23. BURION, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL Specify 3/7/51 pring	Hill Easton Md.
DATE REC'D BY LOCAL NEGISTRAR'S SIGNATURE	Maurice & Thuray & Lon
/ /	Easter Ind FOISIT



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	rv A
MARYLAND	Muryland	avoline
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
	STREET (HAIR), give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.	STREET (If Arral, give location)	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Grace Marie	CWIS. OF DEATH MAY	25 1957
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	JALLA IXX HOLL VIII.	r 1 year If under 24 hrs Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		127 CITIZES OF WHAT
done during most of working life even if retired) INDUSTRY	now and	COUNTY!?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
The Level Members	Catherine Kessle	U
15. Was Decrased Ever In U.S. Angled Forces? 16. Social Security No. (Yes, no, or unknown) serije)	17. INFORMANT AND ADDRESS	1121
(Yes, no, or unknown) (If #s, give war or dates of service)	This Many Glime It	ed. my
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) / lulus surrey	seuls lesu	sudde
172X Antecedent cause(s) Diseases or conditions, if any, (b). Thromboph	labitis - left ilian ouis	7 days.
48 of stating the underlying cause last (c)	wide of referen	(3/
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	withell value	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes Al No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNT)	
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY Mile at Not While Work At work		3
22. I hereby certify that I attended the deceased from	105/ to 26 Mar 105/ that I last	som the decessed
- /:	- 03	
alive on, 19.5/., and that death occurred at (Degree or title)	ADDRESS and on the date s	tated above. DATE SIGNED
Phones The Danis an he. O.	Cartan Many land	28 May 51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CHEMATORY LOCATION (City, town, or cou	nty) (State)
DATE REC'D BY LOCAL RECUSTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG /96/51 N. A. MORRINA	J. J. Frampton ad Son, Federa	esburg, hid.
		2000/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

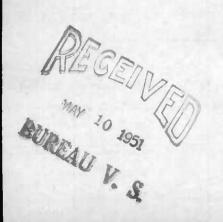
S. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY TO 0 hot C.	2. USUAL RESIDENCE (HOME) OF DECEASED COMNTY	to the o
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	wound
OR give nearest town) Easton, Md (in this place) 5 days	OR TOWN Federalsburg	med toka
HOSPITAL OR	STREET (If rural, give location)	11. J
INSTITUTION OR STREET ADDRESS Caston, Memorial Hospital	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Sayah Elizabeth	Moore DEATH May	3 1937
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under 1	l year If under 24 hrs
(Specify) // .	Muse 6 3, 189/ 60 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AMDUSTRY.		CITIZEN OF WHAT
TV.W.	1 / (Melesterio) 1	JONE TO A
13. FATHER'S NAME	14. MOTHER'S MALOEN TAME	
15. WAS DEGRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS)
(Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND YDDRESS	
18. MEDICAL CE	Prince III	u
	CRITICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Cheau key Thre	when	*****************************
2 (A) X Antecedent cause(s)	2. 0.	
Diseases or conditions, if any, (b) regular law un	Cardio- ou cula liscare	40 dm 40 00 ++ ++++ ++++++++++++++++++++++++
stating the underlying cause last	01.1	
(c) Reall is the	nie	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
00 The head of the Textended the decision 2011	264 264 4061	
22. I hereby certify that I attended the deceased from 2.7.	, 195, to 3 luly , 19.2, that I last sa	w the deceased
alive on 3 May , 193 , and that death occurred at	m., from the causes and on the date sta	ted above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Thurs The Danisher M. D.	Carter hay land 3	lesy 51
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, fowns or county	(State)
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG /4 /5-1	22. 7 receptorio 2001 7.2010	L (w- Vo
- J/J/ / / / / / / / / / / / / / / / / /	fift the state of	
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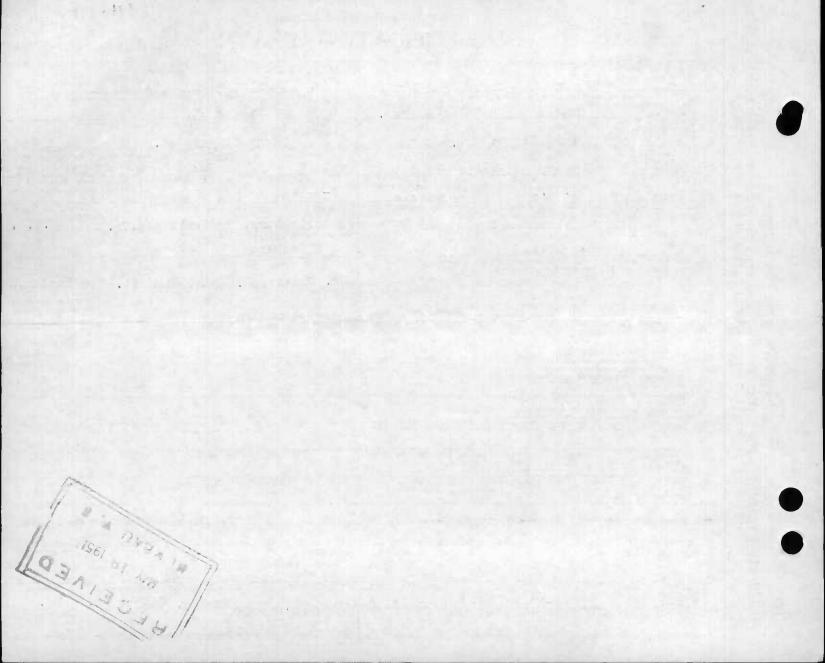
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

\$ (15196 * Reg. Dist. No. 290

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.		
COUNTY Talbot MARYLAND	STATE		
	Maryland Talbot		
OR give nearest town) TOWN (in this piace) 21 Vrs.	OR TOWN Easton		
HOSPITAL OR INSTITUTION OR	STREET (If rural give idention)		
STREET ADDRESS Port Street Ext.	ADDRESS Port Street Ext.		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yes	ar)	
(Type or Print) Louisa Wentworth	Week OF		
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTII 9. AGE jast birthday If under 1 year If under 24	hra	
Female WIDOWED, DIVORCED, (Specify)married	5-9-1886 65 vrs. Manths Pays Hours M	Iin.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR			
Housewife At home	11. BIRTHPLACE (State or foreign country) Frederickburg. Spotsylvania, Va. 14. MOTHER'S MAIDEN NAME	A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	220	
James Lewis	Elizabeth Lewis		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or inknown) (If yes, give vgr or dates of None (None) 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS		
NO hervice) No l None	Mr. Chester A. Nach, Port St. Ext Easton	Ma	
18. MEDICAL CEI	HILLAHOM		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWE		
Immediate cause (a)	lefy 2 day	4_	
Immediate cause		K.R.	
334 V Antecedent cause(s)	Brosin generalized 3 yrs	5	
Diseases or conditions, if any, (b)	aroun generally of the		
83 a stating the underlying cause last			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)	M	
HOMICIDE Office bldg., etc.) INJURY	(0221424)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?		
INJURY m. Work At work			
00 Thurst	1049. (-/10/1017)		
22. I hereby certify that I attended the deceased from	., 19.7, to	d	
alive on			
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED	D	
15 Got 2 20.0.	Easton and 1-/11-/1	-/	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	Y OR CREMATORY LOCATION (City, town, or county) (State)	_	
REMOVAL (Specify) 5-17-51 Richards Cer	(Blace)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR		
REG. 5/1457 M.A. Neerus	James B. Dashiell Salsbury Md.		



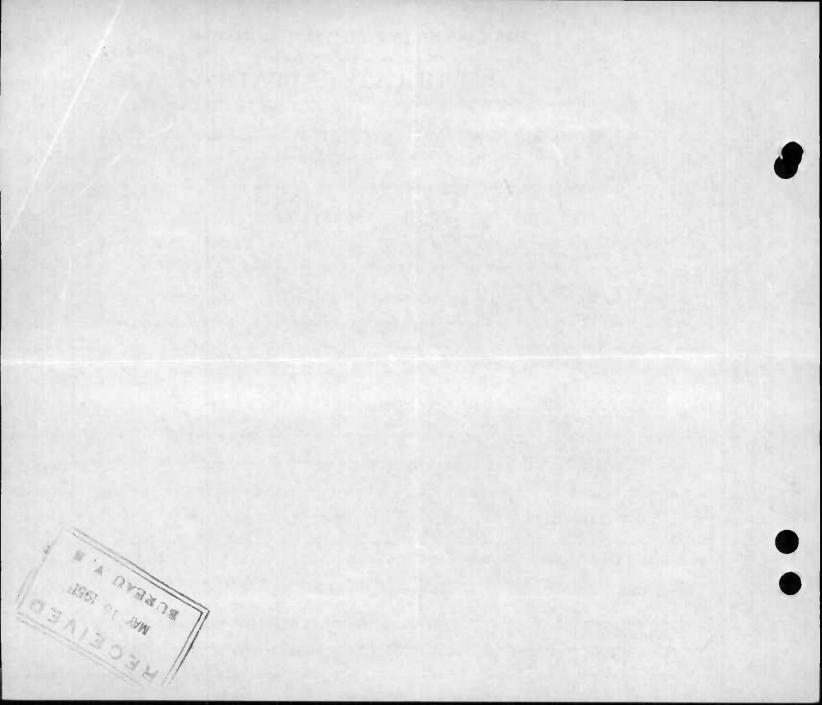
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

CITY (if outded corporate limits, write RURAL and LENGTH OF STAY (in this place) ORN EVO BASTAL LOWN INSTITUTION OR STREET ADDRESS INSTITUTION OR STREET	1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF (First) 6. COLOR OR NACE 7. SINGLE, MARKIED, T. S. DATE OF BIRTH 9. AGE Last hirbday if under 1 year industry of thomas on the control of the cont		STATE Masseles of 9 COUNTY	7
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF STREET ADDRESS 3. NAME OF COLOR OR RACE TO NAME	OR givo nearest town) (in this place)	WAR TO THE	ve nearest town)
3. NAME OF DECASION (Pirst) DECASION (Pirst) G. SEX G. COLOR OR RACE T. SINGLE, MARRIED TO WIDWED, DIVORCED. John Light of County of Business or Cou	HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
DECEASED (Type of Print) (SEX 6. COLOR OR RACE 7. SINGLE MARRIED (SPECIAL OCCUPATION (Give kind of work done during most of working life, even if retired) 105. KIND OF Business or 105. KIND OF Business or 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME (See Superior Supe			(D)
WIDOWED DIVORCED Set 1986 Specify Win Min. Work Min. Work Min. Work Min. Work Min. Months Days Hours Min. Min. Months Days Hours Min. Min. Months Days Hours Min. Months	(Type or Print) SusiE ANNIE	OF OF	
10. USUAL OCCUPATION (cive kind of work 10. Kind of Business or 11. HIRTHPLACE (State of foreign country) 12. CIVIERN OF WHAT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Diseases or conditions, if any, (b). 19. Diseases or conditions, if any, (c). 19. Diseases or conditions, if any, (b). 19. Diseases or conditions, if any, (c). 19. Diseases or conditions are larged as stating the underlying cause last. (c) 19. DATE OF OPERATION 19. DATE	WIDOWED, DIVORCED,	2-4 10 11101 1 Months	I year If under 24 hrs Days Hours Min.
15. WAS DECRAFED EVER IN U.S. ARMED FORCEST (Yea, no, or unknown) [If yea, give war or dates of [16. Social Security No. 17. INFORMANT AND ADDRESS (Yea, no, or unknown) [If yea, give war or dates of [16. Social Security No. 17. INFORMANT AND ADDRESS (Yea, no, or unknown) [If yea, give war or dates of [16. Social Security No. 18. MEDICAL CERTIFICATION	/10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		
Interval Between Service Servi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	eya.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cluy or callele Cluy	15 Was December Fred In II S ADMED FORCES 16 SOCIAL SECURITY NO	IN INFORMANT	
18. MEDICAL CERTIFICATION Interest and Directly Leading to Death Immediate cause (a) Clar Clays Caclib Antecedent cause(s) Diseases or conditions, It any, giving rise to the above cause stating the underlying cause last (b) Conditions contributing to the death but not related to the disease or condition causing death. 19a. Date of Operation 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yee No No SICILDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 3-24, 19.1., to 5-5, 19.1., that I last saw the deceased alive on 5-7, 19.1., and that death occurred at 3-7, 19.1., to 5-5, 19.1., that I last saw the deceased alive on 5-7, 19.1., and that death occurred at 3-7, 19.1., from the causes and on the date stated above. DATE SIGNED La J. Burlat, Cremation Date Thereof NAME of Cemeterry or Crematory Location (City, town, or county) State) DATE RECO BY LOCAL REGISTERS SIGNATURE 24. EUNERAL DIRECTOR ADDRESS ADDRESS	(Yes, no, or unknown) (If yes, give war or dates of	01-00	
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Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last [Column	Introducte cause		
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19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yee No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF INJURY HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from At work How DID INJURY OCCUR? 23. I hereby certify that I attended the deceased from Advance	Conditions contributing to the death but not		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (Home) (office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While in Not While at N			1 20. AUTOPSY?
21. ACCIDENT SUICIDE SUICIDE HOMICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3-29 19 10 10 10 10 10 10 10 10 10 10 10 10 10			
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 3-24 , 19 , to 5-5 , 19 , that I last saw the deceased alive on 5-4 , 19 , and that death occurred at 7 , to 7 , to 7 , to 7 , that I last saw the deceased alive on 5-4 , 19 , and that death occurred at 7 , to 7 , to 8 , to 7 , that I last saw the deceased alive on 5-4 , 19 , and that death occurred at 7 , to 8 , to 8 , to 9 , to		(CITY OR TOWN) (COUNTY)	
OF INJURY m. Work Not While 22. I hereby certify that I attended the deceased from 3-24 19.1 to 5-5 19.1 that I last saw the deceased alive on 5-4 19.5 and that death occurred at 7.2 m., from the causes and on the date stated above. SIGNATURE: OEGREE OF THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE 24. EUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRES	HOMICIDE INJURY		
alive on	OF While at Not While	HOW DID INJURY OCCUR?	
alive on	3-10	5-5 051	
SIGNATURE (Degree or title) ADDRESS Out of Succession City of County of Cou	22. I hereby certify that I attended the deceased from	, 19.1, to, 193.1, that I last s	aw the deceased
SIGNATURE (Degree or title) ADDRESS Out of Succession City of County of Cou	alive on 5-7 1951, and that death occurred at	7 9 m. from the causes and on the date st	ated above
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE 24. EUNERAL DIRECTOR ADDRESS			
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DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR ADDRESS	REMOVAL (Specify)	0 0 4 0 10 1	(State)
5/6/51 M. Merfestuluttofford Custon md.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		ADDRESS
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05198

CERTIFICATE OF DEATH

eg. Dist. No. 290

1. PLACE OF DEATH- COUNTY FALLOT CA MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNT	Your
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and gions TOWN	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton, Memoral Hosp.	STREET (If rural, give location)	y l All
3. NAME OF (First) (Middle) DECEASED (Type or Print) Charles	(Last) 4. DATE (Month) Perty DEATH May	(Day) (Year) 3 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	& DATE OF BIRTH 9. AGE last hirthday If under	
done during most of working life, even bretired Hypustry	11/BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
13. PATHER'S NAME	14. MOTHERS MAIDEN NAME	M. M. II
15 Was Decrased Ever In U.S. Armed Forces 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of Q 12-03-5305) service)	M. INFORMANT AND, ADDRESS	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Arteriosclar	ti Heart Disease	242 (?)
420, O Antecedent cause(s) Diseases or conditions, if any, (b)		
93 d giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	Miles
22. I hereby certify that I attended the deceased from	, 1957, to 5-3-, 19.51, that I last	saw the deceased
alive on 5	ADDRESS and on the date st	tated above. DATE SIGNED
1 Evy 2-2	Sonatan med	55-5-1
REMOVAL, (Specify) May 5, 1957 Colored	RY OR CREMATORY LOCATION (City, town, or cour	ond
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/4/5/ N.A. Neurus	Junan & Harrison, St.	michaels
	100	2 0.1



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

. Dist. No. 290

I. PLACE OF DEATH.		2. USUAL RESI	DENCE (HON	(E) OF DECK	ASED.	
COUNTY Tallat	ARYLAND	STATE	.0 1	,	COUNT	X// -
CITY (If outside corporate limits, write RURAL and LEN	GTH OF STAY	CITY (If out	side corporate l	imits, write RI	IRAL and gi	ve nearest town)
OR givo nearest town) (in	n this place)	OR	0 -			· · · · · · · · · · · · · · · · · · ·
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	or progetal	312-	Rolls	Laran	ah li	
3. NAME OF (First) Model	(e)	(Last)	4	DATE	(Month)	(Day) (Year)
(Type or Print) Marin 71	Malreth	Price		OF DEATH	May	19 195
5. SEX 6. COLOR OR RACE 7. SINGLE,	M/RRIED,	M DATE OF BI	RTH . 19.	AGE last birthe	av I I under	1 year If under 24 hr
Female White (Specify)	DIVORCED.	1/41. 2	187/	741	Months	Days Hours Min
(3)	BUSINESS OR	1. BIATHPLA	CE (State owler		rs.	2 Communication NV
done during most of working life, even if relifed) INDUSTRY	200111200 01	Y/ Odlan	OD (Buttle Outlo)	eigh country)	1.	COUNTRY?
13 FATHER'S NAME		THUN	un	A		4,5,
Garage Name of My		14. MOTHERS	MAIDEN	ME L	1	. /
In samuel summer	رخ	MASH	vels	1	court	w.
15. WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL (Yes, no, or unknown) [(If yes, give war or dates of	SECURITY No.	1 INFORMAN	TA AND AD	DRESS)		
service)		I du a	beit	ne	e e	
	8. MEDICAL CE	RTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH					INTERVAL BETWEEN
I BIBLIOLD ON CONDITIONS BIRLIOTE ADMINGTON	DEATH	1	0.0			ONSET AND DEATE
Immediate cause (a) Lerebra!	Vascu	lar U	Cade	uf	\$^*\$0********************	10 days
Kin MAntecedent cause(s)	0 1.	1 01				. /-
Diseases or conditions, if any, (b) 19 14 14	X UT X	erionci	erase	2		225.
giving rise to the above cause stating the underlying cause last		,			****************	
930 stating the underlying cause last	Ca Cana	Vir Ile	. 7	eleas	. 0	450
II. OTHER SIGNIFICANT CONDITIONS	4 Caro	mi Ma	4 4	eseu.		1 7 .
Conditions contributing to the death but not	10/	0	1. 1 .			2 1//1
related to the disease or condition causing death.	i cuo	The cy of y	itis			12 WKJ.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION	0				20. AUTOPSY?
						Yes No
21. ACCIDENT (Specify) PLACE (Home, farm SUICIDE OF office bldg., et	n, factory, street,	(C	ITY OR TOW	N)	(COUNTY)	(STATE)
SUICIDE OF office bldg., et HOMICIDE INJURY	uc.)					
TIME (Month) (Day) (Year) (Hour) INJURY OCC		HOW DID IN.	JURY OCCUR	?		
OF While at I Work	Not While At work					
	are work [·	-			
22. I hereby certify that I attended the deceased fr	om	. 19 . to	5/19	19 5 / th	at I last e	aw the deceased
6/16 11		123				
alive on, 19-1., and that death	occurred at	A. m., 1	from the cau	ses and on	the date st	ated above.
SIGNATURE (Degree	ee or title)	ADDRESS				DATE SIGNED
Sugar Strace	21 . 1).	60	240.			122/51
suggest free of	KU W		1/00		3/	2931
23. BURIAL CREMATION DATE THERE NAM	OF CEMETEI	RY OR CREMAT	ORY LOGI	TION (City, t	own, or gourn	y) / (State)
Jurial 126/51	Ophera	Hell		aston	4	and
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	// - /	2. FUNERAL	DIRECTOR		0	ADDRESS
5/20/57 1 1/66. 1/0,	Variation	(D)	01.00		5	to had
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		July 1		auth	- ca	show My
		//				



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NIARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05200

Reg. Dist. No. 290

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	200
CITY (It outside corporate limits, write RURAL and OR give nearest town)	CITY (If outside corporate limits, write RURAL and give	e nearest town)
HOSPITAL OR INSTITUTION OR CONTROL OF THE CONTROL O	STREET (If rural, give location) ADDRESS	J
3. NAME OF DECEASED (First) (Middle) TAMES	(Last) 4. DATE (Month) OF DEATH MAY	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DAME OF BIRTH 9. AGE last birtbday If under t Months	year If under 24 brs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most a working life, even if retired) 10b. Kind of Business or done during most a working life, even if retired	11. BYRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. EATHER'S NAME POPERS	14. MOTHER MAIDEN NAME	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or daytes of service)	Maggie 2). Rosens Kol	led This
18. MEDICAL CE	RTIFICATAIN	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) fructures	& skull	1hy+
Antecedent cause(s) Diseases or conditions, if any, (b) Struth ly	alling tree	
stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		8 2
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	Comment of the state of the sta	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while at work	struck by fall tree	
22. I certify that I took charge of the remains described obove, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes □, accident ⋈, suicide □, homicide □,	cased died on the day stated above, and death in my o	from the evidence opinion resulted
SIGNATURE (Degree or title)	ADDRESS T. 191	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BEMOVAL (Specify)	CRY OR CREMATORY LOCATION (Cty, town, or country	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S EGNATURE REG.	24. FUNERAL DIRECTOR In Lederal	ADDRESS
5/25/31 1/A. Medicas	1 1 Swift on St. 1 X warm	-work

S. 1 DVANDA TO SELLE SEL

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

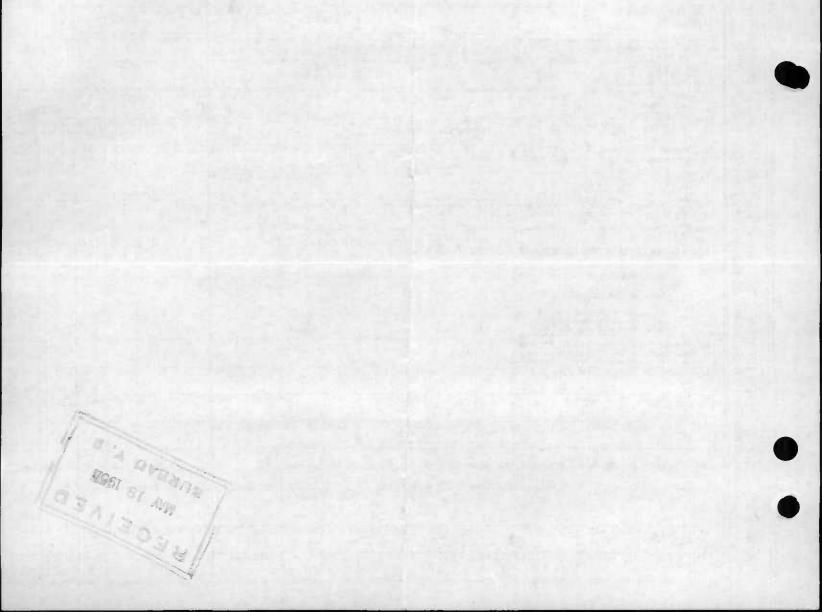
2411 N. Charles Street, Baltimore

05201

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	4.0
COUNTY Jacket MARYLAND	STATE Many Land COUNTY	Telet
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDRESS Rural Cash a Rd.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Lux as Luxtu	Sattenstall 4. DATE (Month) OF DEATH May	(Day) (Year) 195/
5. SEX Jumale 6. COLOR OR RACE 7. SINGER MARRIED, WIDOWED, DIVORCED, (Specify)	1 May 10,1000 70 yrs.	l year If under 24 hrs. Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business on Industrial Industrial Industrial		CITIZEN OF WHAT
13. FATHER'S NAME Harrison Heater	Laphy Rorest Lummers.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If year, give war or dates of service)	17. INFORMANT AND ADDRESS M. C. J. Stappnes R	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) (areas The	ou bous	3/4,
331X Antecedent cause(s) Cerebral au	tuias cluani	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	Maria de la companya	49 65 65 65 65 65 65 65 65 65 65 65 65 65
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes \(\bar{\text{No}} \text{No} \(\bar{\text{No}} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19 16, to 12 May , 195 , that I last ss	
alive on, 19, and that death occurred at (Degree or title)	ADDRESS m., from the causes and on the date sta	DATE SIGNED
22 BURIAL CREMATION DATE NAME OF CEMETE	Cachun, Mary Land	14 hey 51
REMOVAL (Specify) May 14-1951 The Drien To	RY OR CREMATORY LOCATION (City, town, or count,	1.4
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/14/5-	24. FUNERAL DIRECTOR	ADDRESS/
	74	0826



2411 N. Charles Street, Baltimore

05202

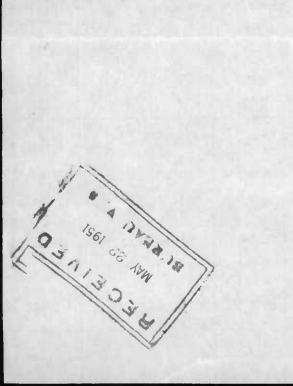
CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL end LENGTH OF STAY OR give nearest town) RADDE (if this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RAPHE
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED W. (First) R (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WhitE (Specily) DIVORCED. (Specily) ARRIED.	S. DATY. OF BIRTH 9. AGE last hirthday Nov. 30 1883 9. AGE last hirthday Month Hours Min.
10h. INDUAL OCCUPATION (Give kind of work of his during mostly working life, even if retired) 10h. Kind of Business of Industry 10h. Kind of Business of Industry 10h. Kind of Business of Industry 10h. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME WI'lliAM T. SIMPSON	Dorothy TERESA LEONARD.
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give har or dates of learning)	MRS. W. TEMBERT Simpson-RAPPE, Md.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONGET AND DEATH
Immediate cause (a) Hyperne	tohroma lest Ridney 149.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying ceuse last	tres to the leng and Amo.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition ceusing death.	
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED While et Not While INJURY m.	HOW DID INJURY OCCUR?
22. I hereby certify that Lattended the deceased from Mers. 24	1950, to May 1957, that I last saw the deceased
alive on May 13, 1957., and that death occurred at	ADDRESS DATE SIGNED
23. BURHAD, CREMATION DATE THEREOF - NAME OF CEMETER	RY OR CREMATORY / LOCATION (Gity, town, or county) / Steel
23 BURGER UPCHAIA HUNG LIBARD BURGER APPLINAVE OF COMPICE	
TELOURIAL SPECIFY 5/16/5/ SPRING	Hill Easton Md.
REMOVAL (Specify)	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05203

g. Dist. No. 290

1. PLACE OF DEATH.	2. USUAL RESIDENCE (H	IOME) OF DECEASED.	
COUNTY talkat Co MARYLAND	STATE med.	4500	NTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corpos	te limite, write HURAL and	give nearest town)
CITY (If outside corporate limits, write RURAL and OR give nearest town) OR GIVE (in this place) TOWN	OR TOWN SE	ruend no.	
HOSPITAL OR	STREET	(If rural, give location	1)
INSTITUTION OR STREET ADDRESS Cartox Memoral Hosp.	ADDRESS		
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Mrs Eva Welle		DEATH May	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED	S. DATE OF BIRTH	9. AGE last birthday If un	der I year If under 24 hr
WIDOWED, DIVORGED, (Specify)	Feb 14. 18821	d yra. Mon	the Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BHITHPUACE (State o	r foreign country)	12. CITYEN OF WHAT
done during most of working life, even if retired) [MOUSTRY	1110		90UNTRY7
13. FATHER'S MAME	14 MOTHER'S MAIDEN	NAME /	
My Pour + Harreson	THUNE ?	Willia	ens/
15. WAS DECRETED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND	ADDRESS //	
(1 es, no, or unknown) (11 yes, give war or dates of service)	Millere	u W. Hane	sau
18. MEDICAL CE	RTIFICATION	1.11	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7 aslass	ma)	INTERVAL BETWEEN ONSET AND DEATE
hat I lie a		+ +	
Immediate cause (a) Meta static Co	u cenama	um luy MIC	
1998 Antecedent cause(s)			
Diseases or conditions, if any, (b)	***************************************	**************************************	0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1
giving rise to the above cause stating the underlying cause last			
(e)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR T	OWN) (COUN	TY) (STATE)
HOMICIDE INJURY			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OG	CUR?	
INJURY m. Work At work			
22. I hereby certify that I attended the deceased from 1/25	10ct + 5/3	10(-/ About 100	4 Earl 43 - 4
22. I hereby certify that I attended the deceased from	, 195.1, to	, 1951f., that 1 las	t saw the deceased
alive on	m., from the	causes and on the date	stated above.
SIGNATURE (Degree or title)	ADDRESS		DATE SIGNED
Mucha Harrison dr.c.			
1 80005/	RY OR CREMATORY I	OCATION (City, town, or c	ounty) (State)
REMOVAD (Specify) 6/2/5/	0.77	X	N. A.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 PUNERAL DURECTO	R	ADDRESS
REG. (a) / a constant	alto luob	(2)	
9/1/5/ 1/J4. 1/LUUM		70	

BUREAU V. S.

ISEL SI NUL

DECESA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 290

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY tallout Co MARYLAND	STATE MA. CON	NTY Proces
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (In this place)	CITY (If outside corporate limits, write RURAL an OR TOWN Seemshore.	give nearest town)
HOSPITAL OR CUSTON. 18 days	STREET (If rural, give location	0)
INSTITUTION OR STREET ADDRESS Easton Marroual Hosp	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Ars. Mary (Wyatt	OF DEATH MA	4.31 1957
6. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED,	8 DATE OF BIRTH 9. AGE last hirthday If un	der 1 year If under 24 hrs.
(Specify)	9122, 1883 67 yrs. Mon	the Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work the done during most of working life, even the tree of impustry	11. DIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
An MILOURAM MONE	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	11
(Yes, no, or unknown) (If yes, give war or dates of service)	Au asear Wisalt 1	treening me!
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	U	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) apople	4	5-11-51
260X Antecedent cause(s) Diseases or conditions, if any, (b) arternace	vai generaling	3.
giving rise to the above cause		
(c) Dealetes	millitan	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUN	
SUICIDE OF office hldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY OCCURRED Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19, to	st saw the deceased
alive on	ADDRESS and on the date	e stated above. DATE SIGNED
13 Cot 2n-D.	Easton and	6/2/50
27 JURIAL, CREMATION DATE THEREOF NAME OF CEMETER TO SEND A COMMENT	RY OR CREMATORY LOCATION (City, town, or	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24 FUNERAL DIRECTOR	ADDRESS
- 1/57 / Ja · Perrey	18.13. Kawlings Wree	naloro
		- Mel.

BUREAJ V. S.
BUREAJ V. S.